

THE DIVISION OF HEALTH OF THE STATE OF MISSOURI
STANDARD CERTIFICATE OF DEATH

3681

No. 300
10-48

FILED JAN 26 1953

State File No. _____

318

1003

0252

BIRTH NO. _____ REG. DIST. NO. _____ PRIMARY REG. DIST. NO. _____ Registrar's No. _____

1. PLACE OF DEATH a. COUNTY		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE Mo.	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN St. Louis		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN St. Louis 2249	
d. FULL NAME OF HOSPITAL OR INSTITUTION 2835 ^{1/2} McHair Av.		d. STREET ADDRESS (If rural, give location) 24 2835 ^{1/2} McHair Av.	

3. NAME OF DECEASED (Type or Print) a. (First) Theresa b. (Middle) Rohlfing c. (Last)			4. DATE OF DEATH (Month) (Day) (Year) Jan. 8 1953		
5. SEX Female	6. COLOR OR RACE white	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) widowed 2	8. DATE OF BIRTH Jan. 21 1874	9. AGE (In years last birthday) 78	IF UNDER 1 YEAR Months Days Hours Mins.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Housewife		10b. KIND OF BUSINESS OR INDUSTRY		11. BIRTHPLACE (City and State or Foreign Country) Germany 4	
12. CITIZEN OF WHAT COUNTRY? U.S.A.		13a. FATHER'S NAME William Luettker		13b. MOTHER'S MAIDEN NAME Unknown	
13c. NAME OF HUSBAND OR WIFE Fred Rohlfing		14. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) no.		15. SOCIAL SECURITY NO. no.	
16. INFORMANT'S SIGNATURE OR NAME William Rohlfing		17. ADDRESS 2835 ^{1/2} McHair Av.			

18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c) *This does not mean the mode of dying, such as heart failure, asthma, etc. It means the disease, injury, or complication which caused death.		MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Chronic Myocarditis ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) Atherosclerosis DUE TO (c) II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. Chronic interstitial nephritis Hypertension			INTERVAL BETWEEN ONSET AND DEATH 8 yrs 10 yrs 5 yrs 10 yrs	
19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION				
20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>						

21a. ACCIDENT SUICIDE HOMICIDE (Specify)		21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)		21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)	
21d. TIME OF INJURY (Month) (Day) (Year) (Hour)		21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		21f. HOW DID INJURY OCCUR 4221	

22. I hereby certify that I attended the deceased from April 23, 1947, to Jan 8, 1953 that I last saw the deceased alive on Jan 5, 1953, and that death occurred at 8:00 a. m., from the causes and on the date stated above.

23a. SIGNATURE J. P. Keim M.D.		(Degree or title)		23b. ADDRESS 2730 ^{1/2} McHair Ave.	
23c. DATE SIGNED Jan 9 1953		24a. BURIAL (CREMATION) REMOVAL (Specify) Remove		24b. DATE 1-12-53	
24c. NAME OF CEMETERY OR CREMATORY Sunset Burial Pk.		24d. LOCATION (City, town, or county) St. Louis Co. Mo.		(State)	

DATE REC'D BY LOCAL REG. JAN 10 1953		REGISTRAR'S SIGNATURE Earl Smith		25. FUNERAL DIRECTOR'S SIGNATURE Witt Br. & H. Co. 2929 S. Jefferson	
				ADDRESS	

NOTICE (Licensed Embalmer's Statement on Reverse Side)

WRITE PLAINLY—USING UNFADING BLACK INK—MAKE A PERMANENT RECORD

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me, or by _____

Student Embalmer No. _____

working under my personal supervision.

Student
Student Embalmer

Signed

Harold C. Witt

Licensed Embalmer No. 4353

P. O. Address 2929 S. Jefferson

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license.)

If this body is not embalmed, fact should be so stated above.